



The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

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NUMBER

JAMES MARVIN BATY, M.D.
President, M. M. S.

Hampden District Medical Society

1414 STATE STREET — SPRINGFIELD, MASS.

Telephone: REpublic 6-0661

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Theodore R. Miner, M. D. and Martin B. Murray, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."

Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, JUNE, 1964

A MESSAGE TO HAMPDEN

from

JAMES MARVIN BATY, M.D., President

Massachusetts Medical Society

Platitudes and Responsibility

"Messages", from presidents, especially incoming presidents, are apt to be full of - as Allen Johnson puts it - "pious platitudes."

Platitudes, or stale truisms, are difficult to avoid, especially because they come so easily, and, in most instances, actually do convey what their spouter, if I may use the term impiously, has in mind.

For example, I state that I consider it a great honor to be president of the Massachusetts Medical Society. How platitudinous can one get? Yet, I could not be more sincere and honest. I consider it an inestimable honor to be your president and I am admittedly flattered by my election. I wish I had Allen's vitality and ability, particularly in the use of words. He is a hard man to follow.

Again, I state - and how many of my predecessors have so stated? - that I cannot do the job without the help and cooperation

of each member physician.

The Massachusetts Medical Society this year observed its 183rd Anniversary. Ours is a venerable, but still young, vibrant, and influential organization dedicated to maintaining high standards of medical ethics, education, and practice in the interest of the public you are attempting to serve to the best of your ability.

I suspect that many members are virtually unaware of what their Society does for them and that there are many members who get more out of the Society than they put into it. I suspect, too, that they are our worst critics.

Each member has a responsibility to his medical society he cannot justifiably avoid. Membership means more than payment of dues. It is acknowledged and accepted that all members cannot be active participants in Society activities, but all members can maintain interest and keep informed about Society activities without too much effort.

Is it trite to suggest that the Society, its officers, and various committees deserve the loyalty and support of each member? Is loyalty too naive a concept in an era of cynicism? I do not think so. I think loyalty is still extant among all physicians, although the younger lions in our profession may be loathe to admit it. And is support too much to ask?

Loyalty and support, however, must not be blind. "My Society, right or wrong" is not what I am suggesting. I look to a loyalty that embraces the responsibility to criticize and to act, constructively and objectively, in order that the Society will truly represent the opinions and aims of the majority of its members, with wholesome respect for the minority.

OFFICERS OF THE MASSACHUSETTS MEDICAL SOCIETY

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(continued on page 4)

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(continued from page 2)

Delegates to the American Medical Association

January 1, 1965 through December 31, 1966

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Charles G. Hayden, West Newton

David W. Wallwork, North Andover

Alternate Delegates to the American Medical Association

Allen S. Johnson, Longmeadow

Ever Curtis, Gloucester

Frank D. Eddy, North Adams

HAMPDENITES ELECTED

The following members of our District Society were elected by the Massachusetts Medical Society to serve on Committees or Boards during the coming year:

John J. Bandeian

Special Committee on Medicine and Religion

Arthur F. Edgelow
Maternal Welfare

Allen S. Johnson

By-laws and Council Rules

Ethics and Discipline

Advisory Board

Committee to Investigate Activities of Committee on Medical Charges to Pooled Funds

Committee on Committees

Alternate Delegate to the AMA

William Kaufman

Advisory Committee to Red Cross Blood Bank Program

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Norman A. Pokorny

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Thomas F. Reilly

Public Health and Problems Relating to Individual Diseases

Joint Conference Committee with the Pharmacists

Howard N. Simpson

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Boston Medical Library, Trustees of

Joseph R. Stirlacci

Subcommittee on Perinatal Welfare

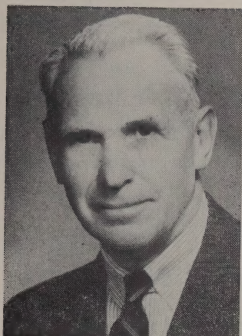
Jerome A. Whitney (Chairman)

Mental Health

COUNCIL ATTENDANCE

Hampden councilors turned out in force to attend the May 18 meeting of the Council of the MMS. The following were in attendance: Drs. Baker, Hayes, Johnson, Kennedy, Miller, Millman, Miner, Murray, O'Malley, Palermo, Potsubay, Putnam, Reilly, Rini, and Tillman.

President's Page



"TOGETHERNESS"

The relationship between Hampden District and its parent organization, The Massachusetts Medical Society, always has been, and must forever remain, close, warm, and of deep understanding, good faith, and mutual confidence.

It should be stressed that the MMS does not govern its components, the 21 district societies; it merely serves them. It is far from being an island unto itself. It has always demonstrated its eagerness to guide, to assist and to counsel in every way possible. Our state society, of itself, does not initiate policies. These originate, as they should, in the grass roots, the district societies. However, the only way the MMS can become cognizant of the feelings and desires of the district societies is through committee members and through the duly elected councilors. These, in turn, are guided by the thoughts expressed and by the action taken at district society meetings.

It is, therefore, the duty of the district societies to acquaint the state society with their views, opinions, and recommended policies. It is the duty also of both the state and district societies to exchange ideas, to share information, and to otherwise keep each other posted on their respective activities.

The district societies, understandably, are jealous of their autonomy — state's rights, if you will. However, in the interest of unity of action and purpose we must cooperate with our state society at all times. It is essential that we always work together not only for the good of our profession but also for the health of the public.

This is "togetherness."

Theodore R. Miner, M.D.

OUR COMMITTEES FOR 1964-65

Officers may run medical societies but it is committees that make them.

The committees listed below were appointed for their competence and for their willingness to serve. They are well deserving of our wholehearted support and cooperation.

A word to our committee chairmen: If at all possible, call at least one meeting before the real warm days roll around. As a member ex-officio of all committees (except Nominations) I hope to attend as many meetings as possible — all I ask is a notice or reminder.

Theodore R. Miner, President

I Standing Committees

Public Relations

Robert N. LaMarche, Chairman
Edward F. Caruso
Kenneth L. Collard
John E. FitzGibbon
Robert A. Grugan
Charles R. Holt
John M. Maloney
Jules R. Setnor
James J. Visconti

Legislative

Robert W. Emery, Chairman
Ambrose J. Connelly
Edward I. Kraus
Frank G. Mills
Walter S. Mozden
Richard V. Paul
Karel J. Susat
Peter S. Zarecki, Jr.

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Theodore R. Miner, (Pres.)
Harry N. Memery, (Sec.)

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Professional Service

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Mustafa Adham
Walter D. Carver
Robert D. O'Malley
Oscar Rodin
Walter F. Tauber

Malpractice and

Medico Legal Affairs

John E. Yelle, Chairman 1965
Joseph Angelica 1966
John Sullivan 1967
A. Bloniarz 1968

Public Health

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John C. Ayres
Lester Frank
Jeter Hall
Louis A. Izenstein
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Ralph T. Miller

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 M. Gene Black
 Thomas Ferriter
 John Flahive
 Theodore Hoffman
 Joseph R. Kelly
 William Kiesel
 Robert N. LaMarche
 Cyril E. Shea, Jr.

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 Arnold Blake
 William V. Golkowski
 Agostina Natale
 Manuel Soares

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 Chairman
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 Meran Nakashian
 Alonzo D. Sheffield, Jr.
 Karel J. Susat
 Melvin V. Warhaftig

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H. Bernard Tillman, Chairman
 Aaron H. Burkin
 Milton Teitel
 Robert F. Cahill
 Sol M. Gold
 Donald LaBrecque
 Jay I. Slosberg
 Bruce Stoler
 Setrag A. Zacarian

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 Olive A. Cooper
 Louis Clarke, Jr.
 Michael Green
 Joseph Greenspan
 Robert D. Harrington
 John A. Larson
 Henry W. Polchlopek
 Stanley D. Rapinchuck
 John Sandt
 Daniel R. Wheeler

Lewis A. Whiting
 Ralph T. Miller
 Joseph V. Baldwin
 Samuel Klibanoff

Disaster Medical Care

Walter S. Mozden, Chairman
 Lowell Bellin
 Roland Cartier
 Karel J. Susat
 William J. Cummings
 Elmen Franseen
 Kurt Kohn
 Pliny Norcross
 Roger Osterheld
 Alan S. Peck
 John R. Sigsbee

Medico-Religious

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 Robert G. Ernst
 William N. Hill, Jr.
 Garry DeN. Hough, III
 Louis A. Izenstein
 James Fitzpatrick
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 Francis A. Teta

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MAX BOVARNICK, M. D.

Office: 780 Chestnut St., Springfield Mass.

Born: Malden, Mass. - November 15, 1909

Medical School:

Harvard Medical School, Boston, Mass., 1934

Internship:

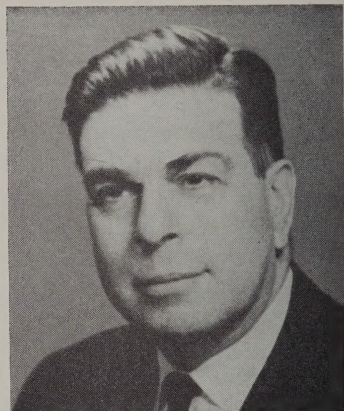
Albany General Hospital, Albany, N. Y.

Residency:

U. S. Veterans Hospital, Framingham, Mass.

Specialty:

Pathology



LEANDRE W. GIGUERE, M. D.

Office: 780 Chestnut St., Springfield, Mass.

Born: Fairfield, Maine - August 25, 1931

Medical School:

Laval University, Quebec, Canada, 1961

Internship:

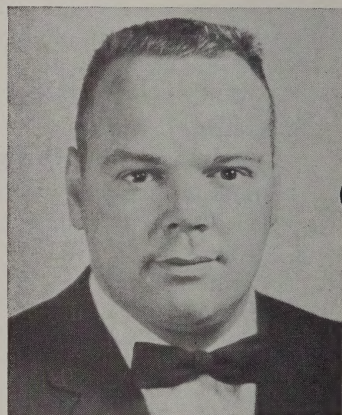
Jeffrey Hale Hospital, Quebec, Canada

Residency:

Springfield Hospital, Springfield, Mass.

Specialty:

Pediatrics



WILLIAM E. HENNESSEY, M. D.

Office: 22 Dorothy St., West Springfield, Mass.

Born: West Springfield, Mass. - Oct. 12, 1933

Medical School:

New York Medical College, New York, 1960

Internship:

St. Francis Hospital, Hartford, Conn.

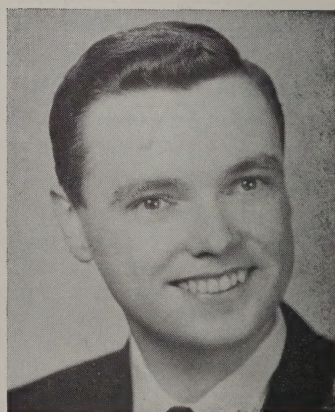
Residency:

St. Francis Hospital, Hartford, Conn.

U. S. Veterans Administration Hospital,
Boston, Mass.

Specialty:

Internal Medicine



NEW MEMBERS

WACLAW HOJNOLSKI, JR., M. D.

Office: 780 Chestnut St., Springfield, Mass.

Born: Springfield, Mass. - September 13, 1929

Medical School:

Boston University School of Medicine,
Boston, Mass., 1955

Internship:

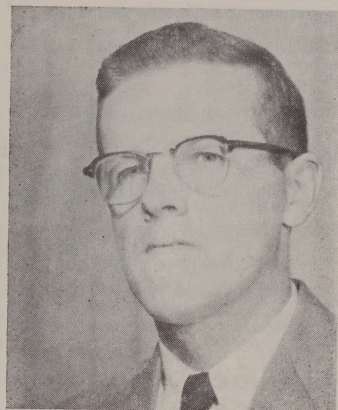
University Hospital, Baltimore, Md.

Residency:

University Hospital, Baltimore, Md.
Madigan General Hospital, Tacoma, Wash.
Munson Army Hospital, Ft. Leavenworth,
Kansas

Specialty:

General Surgery



CARL W. JANOVSKY, M. D.

Office: 624 Belmont Ave., Springfield, Mass.

Born: Canastota, New York - March 15, 1928

Medical School:

State University of New York
Upstate Medical Center
Syracuse, New York, 1954

Internship:

Presbyterian Hospital, Denver, Colorado

Residency:

Springfield Hospital, Springfield, Mass.

Specialty:

Pediatrics



SAWYER E. MEDBURY, M. D.

Office: 140 High St., Springfield, Mass.

Born: Putnam, Conn. - Sept. 20, 1918

Medical School:

Yale University School of Medicine,
New Haven, Conn., 1943

Internship:

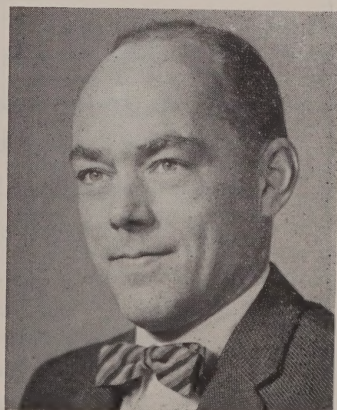
Hartford Hospital, Hartford, Conn.

Residency:

Hartford Hospital, Hartford, Conn.

Specialty:

Anesthesiology



(over)

IRWIN R. PAHL, M. D.

Office: 10 Temple St., Springfield, Mass.

Born: Springfield, Mass. - August 25, 1926

Medical School:

Tufts University, Boston, Mass., 1959

Internship:

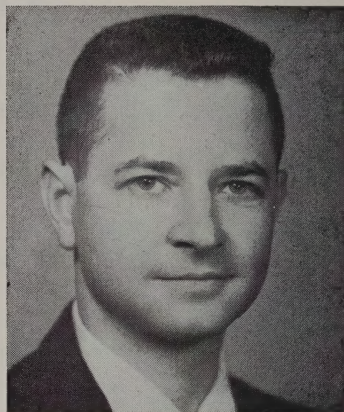
Springfield Hospital, Springfield, Mass.

Residency:

Albany Medical Center, Albany, New York

Specialty:

Obstetrics - Gynecology



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WHY THE MMS*

by Carl Bearse, M.D.

Past President, MMS and Editor-in-Chief
Massachusetts Physician

The topic, "Why The MMS", should I believe, interest all physicians who are members of the Massachusetts Medical Society. This talk is intended to be a recitation of the thinking, of the background, and reasons that led to the formation of our state medical society.

Its History

The MMS is the oldest State Medical Society in continuous existence in the United States. It was founded in 1781. Several earlier attempts, the most serious one in 1765, had been made to form a medical society in Massachusetts, but without success. What prompted these efforts and the ultimate formation of the MMS?

The practitioners of the early days were a proud, high-spirited group, who were quick to take offense and equally ready to ask for redress. By any standard they were a highly individualistic lot — a trait, I might observe, that is not altogether absent today. About the only person, it seems, who dared question the action of a physician was another physician. When this occurred, "The issue was usually joined forth-

with." It is easy to see how misunderstandings could arise before the day of the telephone and the automobile. Because of the uncertainty of communication and the slowness of travel, several physicians were frequently called in for the same emergency. This undoubtedly engendered ill feeling on many occasions. If two or more practitioners arrived at the patient's bedside at about the same time, two courses were open to them. If they were friends, they could hold a consultation. If their relationship was not the best to begin with, they could, and sometimes did, fight a duel. Physicians shared with newspaper editors and politicians the questionable distinction of furnishing most of the duelists during the last century or two.

In May, 1781, 14 physicians from Boston, which then had a population of 12,000, petitioned the legislature for a charter for a Massachusetts Medical Society. By the time it was granted, 6 months later, the list of incorporators had increased to 31. The original incorporators were young men. Six were in their twenties; the youngest 22; four were in their thirties. One was in his forties; and three were in their fifties, the oldest being 57.

The first meeting of the Society was held on November 28, 1781. It was

* Part of an address presented at meeting for new MMS members, May 21, 1963.

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called by Edward Augustus Holyoke of Salem, who was elected president. The next meeting did not take place until 5 months later, on April 17, 1782.

At the second meeting, a committee was appointed to take under consideration the form of the "Letters Testimonial" to be given candidates approved by the censors to invent a device and motto for a seal, and to propose such other regulations as they should judge necessary.

Dr. Holyoke, the first president, was born in Marblehead in 1728 and died in Salem in 1829, at the age of 100 years and 8 months. He was graduated from Harvard College in 1746

— at the age of 18. He began the study of medicine when he was 19, with a Dr. Berry of Ipswich, and remained with him for 2 years. He then settled in Salem where he remained for the rest of his life, never traveling more than 50 miles from his home.

Dr. Holyoke in demeanor was described as "Dignified, mild, placid and agreeable." His practice was based on 4 drugs: mercury, antimony, opium and quinine. His prescriptions were put up by himself or by his pupils. He was preceptor to 35 medical students. Because he found that his patients were in the habit of calling him after

he had gone to bed for the night, he acquired the custom of sitting up late and of rising late in the morning. This meant getting up at 7 in the summer and at 8 during the winter.

He was married twice and fathered 12 children. He was the first to receive from Harvard the honorary degree of MD (1782), and in 1813 Harvard conferred upon him the degree of LL.D.

His photograph can be seen on the fourth floor of the headquarters of the State Society at 22 The Fenway (as well as the photographs of all other presidents of the MMS with the exception of the second president, William Kneeland).

The original dues were \$2.00 and were increased to \$3.00 in 1786. Two years later a penalty was imposed on members for non-attendance. The fine was 4 shillings "for every such neglect unless he shall give a sufficient excuse at the next stated meeting." In addition it was provided that if a fellow was absent at the annual meeting, he was to pay 6 shillings.

The MMS began its existence with a membership of 70, and 11 were necessary for a quorum. Over the years the Society has grown to its present membership of 7000 resident, and 1000 non-resident members. There

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are 21 District Societies (called County Societies elsewhere except La. where they are called Parishes). The present membership in the Council is 356, elected on the basis of one counselor for every 25 members, plus ex-officio members. The annual budget is about one-quarter million dollars.

Duties and Benefits

Now, what are the advantages of membership? A fellow receives:

- a) The New England Journal of Medicine
- b) Membership in the Boston Medical Library
- c) A course in postgraduate medical education given at the annual meeting

He has the benefit of

- a) A pact with the Massachusetts Hospital Association (in an effort to safeguard hospital staff appointments)
- b) A joint conference committee that meets with committees of the Boston and Massachusetts Bar Association on problems affecting physician-lawyer relations
- c) A committee on professional liability which gives assistance in connection with suits for malpractice
- d) Insurance group plans. These include:

Blue Cross-Blue Shield; health and accident insurance; life insurance; accidental death and dismemberment; overhead business expense (sponsored by the Council of the New England State Medical Societies); New England Physicians' Retirement Program, which includes Beacon Investing Corporation, a mutual fund, and an annuity and term insurance program; Physicians' Placement Service; Loan Fund for Residents in Training; Gold Badge after 50 years membership; eligibility for membership in AMA.

Membership, however, carries obligations such as:

Financial support of Society; attendance at meetings and participation in the scientific and business programs; protection of the ethical standards of our profession.

Benefits, as you can see, greatly outweigh obligations. #

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INDOCTRINATION DINNER MEETING

**LEFT TO RIGHT: TOP ROW**

Frances Stein, Aaron Burkin, Howard Crawford, Leon M. Kruger, Wacław Hojnoski, Carl Janovsky, Richard Sowell.

LEFT TO RIGHT: SECOND ROW

Irwin R. Pahl, Joel Bettigole, Alan S. Peck, Sawyer Medbury, Henry Burkhardt, Robert Donohue, Richard Butler, John Sandt.

LEFT TO RIGHT: FRONT ROW

Ralph T. Miller, Max Millman, Allen S. Johnson, Vivian M. Purdy, Samuel F. Potsubay, Theodore R. Miner, Martin B. Murray.

Absent at time of picture: Max Bovarnick, Leandre Giguere, William Hennessey, Frank Sterba.

The fourth Annual Indoctrination dinner-meeting of the District Society was held at the Federal Hill Club on June 2, 1964. Chairman of the evening was Dr. Samuel Potsubay, Supervising Censor and Chairman of the Membership Board. Fourteen new members attended.

Following a social hour and a fine dinner the speaker and the new members were called upon to introduce themselves individually.

President Miner then welcomed them in behalf of the Society and spoke of their responsibilities and privileges. He described the workings of the Emergency Medical Service and stressed the importance of coverage when

out of town. He urged all to participate in Society affairs.

Dr. Murray, the immediate past president, added his own words of welcome. He spoke of how much more respect he had for the Society and the dedicated members who made it tick, after serving one term as president.

President-elect Dr. Burkhardt spoke on the importance of good Public Relations. He called attention to the Publicity Guide. When in doubt, he suggested contacting headquarters.

Dr. Miller described the workings of the Council of the MMS and of the various committees of the HDMS.

Dr. Kruger, retiring Chairman of Committee on Medico-Legal affairs,

described the function of this important committee, which works closely with a committee of the Hampden County Bar Association. He offered a number of practical points with reference to court appearance, expert testimony, cooperation with lawyers, etc.

Mrs. Purdy described briefly the method of referring patients. She appealed to the group to participate in the Polio Clinics of June 7th.

Dr. Allen S. Johnson, immediate Past-president of the MMS, spoke on Ethics and Discipline. This, he pointed

out, involved problems between physician and patient, between physician and physician, and between physician and the public.

Dr. Millman described the purpose and function of the Hampden Hippocrat. Our Bulletin, he stated, serves not only as an instrument of information but also as a sounding board for the entire membership. In behalf of the By-laws Committee he encouraged the new members to read the by-laws and to refer to them often.

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Pfizer's work in the field of immunology is modern and expanding. For all practical purposes, it was launched in 1958 with the licensing by the National Institutes of Health of a monovalent Asian influenza vaccine. Later in the year, influenza polyvalent vaccine, types A and B, containing four virus

strains was licensed and marketed. Two new strains were added in 1963, on the recommendation of the U.S.P.H.S.

In 1959, Pfizer introduced an improved high-potency Salk polio vaccine and rapidly became one of the largest suppliers of this material.

Company virologists, meanwhile, had been working with Dr. Sabin on oral polio vaccine. By the end of 1961, Types I and II had been licensed and they were followed by Type III early in 1962.

Research on a measles vaccine had also been in progress, based on the achievement of John Enders and his associates in isolating the virus and in developing the original tissue culture methods needed to grow the virus in quantity. Four years of intensive research bore fruit in March 1963, with the licensing of a killed-virus mea-

sles vaccine. Behind it were two years of clinical testing on more than 17,000 children in nearly 100 cities.

Under Government contract, research is now being pressed toward the development of vaccines for a number of respiratory infections, including the common cold. There are additional projects on infectious hepatitis and the development of viral antigens and antisera for reference standards. These and other programs are part of overall Pfizer research dedicated to the quest of new and effective means of preventing disease.

The story of recent developments in the field of immunology is well told and illustrated in a 20-page color brochure entitled "Smallest Assassin." For your copy, write: Pfizer Laboratories, P.O. Box 1773, Grand Central Station, New York, New York 10017.

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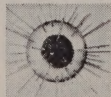
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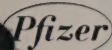
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COMING EVENTS

AMA ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21 - 25

INTERNATIONAL DIABETES FEDERATION, TORONTO, JULY 20 - 24

SYMPOSIUM ON "THE SKIN and SYSTEMIC DISEASE" (AMA)

AUGUST 6, 1964, WASHINGTON, D.C.

EXECUTIVE COMMITTEE MEETINGS, SEPTEMBER 15 and OCTOBER 20

HAMPDEN DISTRICT MEETING, SEPT. 22, 1964

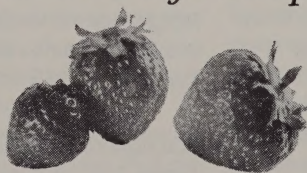
MMS COUNCIL MEETING, OCTOBER 14, 1964

EIGHTH INTERNATIONAL SOCIETY OF INTERNAL MEDICINE,

BUENOS AIRES, ARGENTINA, NOVEMBER 23 - 28

AMA CLINICAL MEETING, MIAMI BEACH, NOVEMBER 29 - DECEMBER 2

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COUNCIL MEETING HIGHLIGHTS

The Council of the Massachusetts Medical Society met at Boston on May 18th, prior to the 183rd Annual Meeting of the Society.

This meeting was the last to be presided over by retiring President Allen Johnson. It was also his best. His parliamentary expertness, masterly language, and unparalleled wit, were evident throughout the day-long meeting.

Following approval of minutes of the previous meeting, two requests for suspension of Council Rules were received. The request of Dr. Listernik to discuss fees of the Industrial Accident Board was denied, but that of Dr. Webster, to discuss procedures of the Public Health Department, was granted. After the announcement of interim appointments, "50-year pins" were presented. The only local member so honored was Dr. Seth Lewis, who had recently retired and moved from Springfield.

Mrs. Eugene Holden, outgoing president, then read the report of the Woman's Auxiliary. According to this, Hampden District is the second largest auxiliary in the State, and also has contributed the largest sum to scholarship funds.

It was decided to move the Council meetings from the first Wednesday in October and February to the second Wednesday of these months.

Informational Reports

In view of the fact that approval of informational reports is equivalent to approval of all their contents, no action was taken on informational reports of: Treasurer, State Legislation, Publications, Ethics and Discipline, Medical Education, Membership, Public Health, Occupational Health, Benevolence, Directors of Blue Shield, Charitable and Educational Fund, Tax Supported Medical Care, Members Insurance Program, Medical Charges to Pooled Funds, Study of Inequities of District Assessments, Committee to investigate Committee on Medical charges to Pooled Funds, Delegates to Council of N. E. States Medical Societies, Maternal Welfare, and Commission on Socio-Economic Affairs.

The report of the Committee on Nomination was approved (see page 2).

It was voted to hold the 184th meeting of the Society at the Statler Hilton in Boston on May 18, 19, 20, 1965.

(over)

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The *Committee on Finances* requested permission to re-distribute some of its assets; this was granted. A resolution that the MMS go into the business of medical liability insurance was defeated as it would be a violation of its charter as a non-profit organization.

At the suggestion of the By-Laws Committee Council Rule 5 was amended so that informational reports will require no action.

The *Committee on Blood Banks* reported that attempts are being made to label Blood as a commodity with all the legal implications that this carries. The council resolved that Blood for transfusion is not a commodity and does not carry any expressed or implied warranty. It requested the MMS to introduce legislation to incorporate this into law.

Mental Health

The *Committee on Mental Health* presented the following recommendation:

Whereas, State legislation prohibits counties, cities or towns in Massachusetts establishing or maintaining any institution for the care, control and treatment of mentally ill, epileptic or mentally deficient persons, and

Whereas, the Commonwealth has control and treatment of all mentally ill, epileptic and mentally deficient persons and of alcoholics and drug

addicts the care of whom is vested in it by law, and

Whereas, it is therefore illegal for counties, cities or towns to treat the above-mentioned patients in their hospitals, be it therefore

RESOLVED, that the Massachusetts Medical Society recommend to the General Court of Massachusetts that it introduce and enact the necessary legislation to repeal Chapter 123, Section 2.

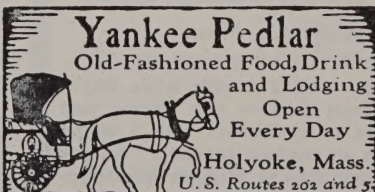
This was approved with an amendment to substitute the word "revise" instead of "repeal" in the last sentence.

A supplemental resolution that a diagnosis of Mental Retardation be made only by a physician was carried.

A supplemental report from *Members Insurance Committee* asking for permission to include members coverage under Blue Cross & Blue Shield in this program, was approved.

The *Committee on Reorganization of the Executive Branch of the Society* recommended certain changes in nomenclature of officers which was approved, but a recommendation that the rule that Councilors only could be officers of the Society be repealed, was defeated.

The major part of the report of a Committee to Study Payments for Medical Services in Hospitals was recommitted for further study. This has to do with Blue Shield payments to residents, pathologists, anaesthesiologists and radiologists. It was voted



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not to pay for the unattended services of residents, and to pay surgeons only if they actually participate in the surgery. It was voted also to pay anaesthesiologists of services of a nurse-anaesthetist in their employ, only if they actually supervised her activities.

The *Committee on Medical Service* went on record as urging defeat of the King-Anderson Bill. Dr. Butts read a letter from the Commissioner of Public Welfare to a legislator stating that Welfare policies will be continued as before.

The *Committee on Disaster Medical Care* announced that it hoped to have the emergency hospitals stored here opened soon for training exercises at the hospitals to which they would be assigned.

New Business

Under *New Business and Suspension of Rules*, the Brookline Medical Club stated that the Public Health Department of that town was treating the families of town employees, and Dr. Webster proposed that the Mass. Medical Society investigate the present policies of Public Health Departments and set up methods of preventing them from encroaching on the private practice of medicine. This was approved by the Council.

Received and referred to Committee

were resolutions from (1) Dr. Lister-nik relative to revision of Industrial Accident Board fees, (2) Dr. Buck to have MMS initiate Meetings with legislators to discuss legislation such as Kerr-Mills Act, (3) two resolutions from Dr. Chapman (a.) to have the MMS pay \$25,000 a year salary to all full-time officers, and (b.) have Blue Shield pay all registered physicians for services.

Norfolk Medical Society is moving its Headquarters and requested room at 22, the Fenway.

Dr. Baty then read and received approval for his Committees for this next year. For Hampdenites appointed to these committees (see page 4)

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by John W. Turner, M.D., Springfield

To men who have confined their medical experience to university circles it may seem incredible that much time is spent voluntarily by staff physicians in community hospitals on self-improvement. Our solution is not perfect; but, in the absence of stimulation from resident and intern teaching programs in the present day community hospital, the plan we follow has to date proved helpful to our staff and promises to be even more helpful in the future.

References to the Wesson Memorial Hospital in this presentation should be regarded as applicable to many similar community hospitals. The heretofore limited presentation of the problem of hospitals with little or no house staff and small funds to expand on educational programs, inspires this description of efforts of the medical staff in a 255-bed community hospital to keep abreast with the rapid improvement in patient care. Most community hospital doctors are too busy with the day's work to indulge in recording philosophical views on the subject, consequently the point of view herein offered is not commonly seen in the voluminous literature on medical education.

Accelerated Medical Progress

In addition to the world population explosion, there is the much less heralded explosion of scientific knowledge. It is now estimated that a scientific library must double its shelf space every eight years to maintain current coverage of all scientific subjects. This

emphasizes the need for continuing education of all practicing physicians. Those practicing away from the university hospital are especially vulnerable to fall victims of the gap that can be created by rapidly advancing medical knowledge.

"The volume of clinical work at the periphery is constantly increasing and it is generally acknowledged that in many respects the local consultants are seeing far wider range of pathology than their colleagues in teaching hospitals. Indeed many of the graduate teaching hospitals have established excellent liaison with peripheral hospitals where their students now spend part of their time. Such liaison is of great mutual benefit, for it has to the vast field of 'bread and butter medicine', which is sometimes lacking the advantage of introducing students in the teaching hospital ward and at the same time keeps the local consultants in contact with a teaching hospital and prevents their drift into parochial isolation." The foregoing comment is from an article published as the London Letter in the New England Journal, December, 1957, and seems to apply similarly in the United States. About 1957 Dr. Allan O. Whipple, speaking informally, proposed the thesis that the great difference and gain by medicine in the United States since 1930 derived not simply from the availability of magic

MEDICAL MANAGEMENT

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REpublic 6-2584

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drugs, better anesthesia, wiser use of transfusions and better balance of electrolytes, etc., but rather from the development of an excellent system of fellowship type specialty training and board certification. A natural consequence of this program in the United States has been the production of good internists, general surgeons, neurosurgeons, thoracic surgeons and other specialists for community hospital teams. Many of these have had teaching experience or have been inspired in teaching methods by their observations during their university hospital tenures. To some of us this seems a tremendous improvement over a by-gone system which may have involved a 3 to 6 month sojourn in Vienna and a return to specialization in the United States. Another pattern of the past involved learning, as an assistant, after one year of internship, to do an appendectomy, a supravaginal hysterectomy or a herniorrhaphy; but sending all the more involved surgical problems to the university hospitals or distant medical centers.

The Wesson Memorial Hospital is probably similar in staff composition to many community hospitals. It operates as a general hospital of 255 beds with 97 physicians at senior staff and consulting levels, among which are 68 certified specialists in 15 different specialties, ranging from 12 diplomates in general surgery and 10 in internal medicine to 1 diplomat in neurology and 1 in nuclear medicine.

Mutual Exchange of Information

Faced with the reality of the short supply of house officers in the community hospital there is still good reason for its staff doctors to take heart and view the exciting rate of progress in medical science with that same keen interest which originally led them to

study medicine. We believe this can be better accomplished jointly than individually. Granted that scientific literature in the form of journals, medical movies, and tape recordings are better than ever before. Granted also that medical lectures and meetings, utilizing exhibits and demonstrations, are generally more instructive than ever; there is still room for tremendous gain from close evaluation of clinical material directly at hand.

In the Wesson Memorial Hospital this has been done very effectively by a Saturday morning Surgical Conference which has survived and thrived from its enthusiastic beginning with the return of staff members from World War II and the subsequent entry of new men into practice. Likewise there is a Friday morning Medical Conference carried on at the level of the specialist in internal medicine. Other conferences have likewise been helpful in the study and exchange of information on problems within the hospital. The monthly Clinicopathological Conference has been maintained at a high level of interest by a careful selection of significant cases rather than allowing time-consuming and uninspiring recitals of deaths from common cardiovascular problems, etc.

"P-R Interval"

Recently we have instituted a new program for our particular need, namely, a daily Pathology-Radiology Conference, conducted during the last thirty minutes of each noon hour. Our meeting was named by Jay I. Slosberg, M.D. "The P-R Interval".

This exercise involved the Department of Pathology and the Department of Radiology using cases from the operating room schedule and gross and microscopic tissue material for the day. Major ingredients are wet

specimens from surgery with corresponding radiographs, frozen sections and clinical findings and wet specimens from postmortem examinations with clinical and radiographic details; slides pertaining to specimens previously considered and followup radiographic evidence.

Automatic radiographic processing and cryostat sections have enhanced the immediacy of consideration and the general interest and have made the correlation of findings easier. As an example, from a morning's work there may be pulmonary and skeletal series films, mammographic views, the removed breast muscle and axillary contents and cryostat sections of the cancer to project for correlation and for gross assessment of axillary nodal extension, etc. In thyroid surgery there may be available for the meeting the excised thyroid tissue and the corresponding photoscan of the nodule in its relation to the thyroid as recorded by Scinti-scanning technique and simultaneous radiographic technique. Multiple subjects are covered, even though briefly, in an effort to increase the breadth of interest and complete the review of significant specimens within the allotted time.

The quantity and the quality of pa-

tient care in community hospitals has increased markedly in the past 20 years. This offers a stimulating and challenging source of information in a continuing effort to TEACH EACH OTHER as practicing physicians. The encyclopedic ramification of medical facts is altogether too great today for any individual physician to master. The sum of contributions from the knowledge of many physicians in group interchange proves the practicality of learning from each other.

It is a sad paradox that never, since the origin of community hospitals, have they had such a large volume of interesting and instructive cases or so many permanent staff members qualified to conduct intern and residency programs. Concomitant with their growth, the house officer has deserted their corridors. It is suggested that university hospitals concentrate on residency training and research programs and that community hospitals be utilized to provide mixed intern programs at the first year post-graduate level and for third or fourth year residents on assignment from university programs.

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Dr. Richard L. Waugh, a member of our Speakers' Bureau, addressed recently the Springfield Memorial Society, by the aid of a movie, on corneal transplants.

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1. Contributes to the support of the Boston Medical Library.
2. Provides exhibits, lectures, films, literature and information and cooperates with the press, radio and television in the preparation of material for the public.
3. Maintains a committee to which any complaints of unsatisfactory or unethical practice may be taken for adjudication.
4. Protects the public against quackery and questionable medical practice by publishing the facts about irregular and unscientific methods of treating those in need of medical care.
5. Administers the Boston Emergency Physicians Service, and cooperates with district medical societies in establishing emergency medical call services for the general public.
6. Contributes to medical school scholarship funds.
7. Gives periodic recognition to laymen for outstanding contributions to medical progress.
8. Awards annual prizes to medical students of promise, and to science fair winners.
9. Studies, and when indicated acts on legislative matters connected with public health and the practice of medicine.
10. Co-operates with allied medical groups in projects of mutual interest.
11. Co-operates with the American Medical Association in matters of public interest and concern.

* From "Manual of the MMS"

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OF THE
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ADOPTED BY THE SOCIETY, JUNE 9, 1920

The Code is intended to establish certain general principles and rules of action for the fellows of the Society.

I

Physicians should encourage sound medical learning and uphold in the community correct views of the powers and limitations of the science and art of medicine.

II

A spirit of competition considered honorable in purely business transactions cannot exist among physicians without diminishing their usefulness and lowering the dignity and standing of the profession.

III

The first duty of physicians is to their patients, who have a right to expect that their diseases will be thoroughly and confidentially investigated and properly treated, and that their mental peculiarities or infirmities will receive charitable consideration.

IV

Physicians in their professional relations should be governed by strict rules of honor and courtesy. Their conduct toward each other should be such as to secure mutual confidence and good will.

They should take no steps with a view directly or indirectly to divert to themselves the patients or practice of others.

Except in case of pressing emergency they should not consent to take charge of the patient of another physician unless the regular attendant has been duly notified.

If called upon to take charge in cases of accident or other emergency they should relinquish their care of the case as soon as the regular attendant is able to assume responsibility.

V

Consultations should be encouraged in cases of doubt or of unusual responsibility. The aim should be to give patients the advantage of collective skill. Discussions should be confidential. Care should be taken to avoid impairing in any way the confidence of the patient in his attending physicians.

VI

Fee tables have a local application only, and are designed to indicate reasonable charges for service. But with the understanding and consent of their patients beforehand, physicians may place value upon their services deemed proper.

VII

The Distinction between legitimate medicine and quackery should be clearly maintained. Physicians should not advertise their methods of practice nor have an interest, commercial or otherwise, in secret remedies.

"Therefore all things whatsoever ye would that
men should do to you, do ye even so to them."

(Matthew 7:12.)

ACADEMY

The Springfield Academy of Medicine closed its 1963-1964 season with its annual meeting which took place May 12 at the Municipal Hospital Auditorium, Springfield. The following officers were elected:

President Omar T. Pace, M.D.
 President-elect John M. Maloney, M.D.
 Vice-president Richard J. Maher, M.D.
 Treasurer Carroll Bryant, M.D.
 Secretary Emanuel Wiedman, M.D.
 Assistant Secretary

Charles Atamian, M.D.

Board of Directors

Frederick A. Post, M.D.

Term to expire 1965

Edward J. Manwell, M.D.

Term to expire 1967

Mendal Mazer, M.D.

Term to expire 1969

Board of Censors

Walter J. J. Nero, M.D.

Term to expire 1969

Annual Report

In his annual report, the outgoing president, Dr. William B. Coen, stated in part: "During the year just past the Board of Directors spent some time in discussing the role of the Academy in the Greater Springfield Medical Community. There are those who feel that the Academy has outlived its usefulness; that the teaching programs in the hospitals present today a much better program of post-graduate education; and that, therefore, the Academy should fold up and close shop.

"Although many meetings are available today in the various hospitals, a great need still exists for a neutral ground, where all may feel at home and free to exchange ideas and ask questions; and this is still provided by the Academy.

"The greatest asset of the Academy

is its library. All physicians of this area should feel morally obligated to support the Academy if for nothing else, because of its library which is the finest in this area and which is available to all the people of Western Massachusetts.

"It has become increasingly difficult for the Academy to carry on its activities because of increasing costs of operation. Support from Merck, Sharpe, and Dohme this year is still not forthcoming. Other sponsors have been sought but without success. Other sources of financial support are necessary and the sustaining membership of the Academy library also must be increased. This year, thanks to the efforts of Dr. Lincoln Wales, the Massachusetts Mutual Life Insurance Company has increased its sustaining membership contribution from \$100 to \$400. The acquisition of these memberships is a personal obligation and it behooves all of us to obtain all possible support for our library.

"One other possibility that has not been explored is the Hampden District Medical Society. As most of you know, \$5.00 of our dues to the Mass. Medical Society go to the support of the Boston Medical Library. It is not inconceivable that some arrangement might be made with the HDMS to render financial support also to the Academy library. If the Academy could be relieved of some of its obligations to the library it could well support its speaker program.

"Consideration has also been given to changing the format of the Academy program in the hospital programs. The number of programs might be reduced to four a year. Although consideration has been given this matter by the Board, as yet no definite decision has been made."

A TOAST TO THE MMS

"May it (the MMS) flourish and prosper. May it continue to improve the Art for which it was intended . . . and be the means, under Providence, of alleviating the pains and evils of life, and of promoting the happiness of society by suppressing quackery and by rendering the business of the profession as perfect as the nature of things admits. May each individual here present enjoy Health and Prosperity. And may each possess the consciousness that he has contributed somewhat to the advancement and improvement of the public welfare."

Dr. Howard A. Holyoke,
first President of the MMS on his
Centennial Birthday, August 13,
1828.

MY MEDICAL SOCIETY

"My medical society and others like it in America are the reason that we have been able to gain economic security and social prestige. These societies have been the reason that we have medical practice acts which protect us from the hordes of quacks who, some 75 years ago, trekked over the nation without responsibility or qualification. These societies are the source of our sanitary laws developed in the past 50 years to protect our food and water. These societies, by combined efforts, are responsible for the closing of diploma mills and the upbuilding of medical schools so that our diplomas and years of study have validity and significance."

J. M. Coleman, M.D., in Texas
State Journal of Medicine, February,
1960.

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MEDICAL READER

A Review Reviewed *

Estimated cost of medical care in the U.S. for 1964—\$33 billion. In 1950 it was \$14 billion.

During this interval physicians' fees dropped from 31¢ of every medical-care dollar to 26¢; the dentists' share is down from 12¢ to 10¢; drugs are holding steady at 20¢; and 16¢ still pays for miscellaneous items.

The rest of the pennies, about 27 of them, go to the hospitals—a rise from 22¢ in 1950.

Since 1948 hospital daily costs have gone up 2½ times as much as income after direct taxes. Doctors' fees have doubled since 1940, but this is less than the average price increase for consumer goods and services in general.

The average price of a prescription before Pearl Harbor was 93¢; by 1956 it was \$2.62; now it is \$3.10.

The physician's average income today is an estimated \$25,000, the highest of other professionals.

73% of all Americans have some insurance against part of the costs of illness in a hospital, and insurance pays 56% of private hospital bills.

Hospital costs are expected to a further 50% increase in daily rates by 1970.

M.M.

*From "The Economics of American Medicine", by Professor S. E. Harris (MacMillan), as reviewed in Time Magazine of June 12, 1946.

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MMS, ANNUAL MEETING

The 183rd Annual Meeting of the Massachusetts Medical Society was held on May 19, 1964 at the Statler Hilton Hotel at 11:00 A.M. The opening of the meeting was delayed by the absence of a quorum. It was learned that many Boston hospitals had scheduled meetings and ward rounds in spite of published requests not to do so.

When the meeting was finally called to order, the routine business of the Society was rapidly disposed of. Awards were made to the outstanding student of each of the three Boston Medical Schools. President Johnson then gave a masterly summary of the past year and suggested that medicine abandon its insistence on status quo and do something constructive about the public demand for a change in medical practice.

The annual discourse was given by Dr. John Enders, a Nobel prize winner and Chief of Research Division of Infectious Disease at the Children's Hospital Medical Center. His discourse was on "Thoughts of Future Contributions of Virology to Medicine," was provocative and very well received.

The scientific program of the Annual Meeting was excellent.

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HAMPDEN CAPSULES

The second Polio Clinic was held on June 7. A complete report of the Polio Program by the Public Health Committee will be carried in the September issue of the Hippocrat.

Dr. Samuel F. Potsabay was chairman of the annual Supervising Censors luncheon-meeting, held this year, on May 18, 1964 in the Statler Hilton Hotel, Boston.

Dr. Mustafa Adham has been appointed to the Executive Committee of the HDMS, to serve until 1967.

Wanted: More volunteers for our Speakers' Bureau. Please sign up by contacting Mrs. Purdy, RE 6-0661.

Dr. Miner and Mrs. Purdy, have been officially appointed as members of the J.C.A. to represent the HDMS.

Dr. Mildred Hausmann has resigned from Hampden District to move to Syracuse, New York.

Dr. Sherwood Davidson is moving to Los Angeles, California.

Dr. L. Selden is moving to Florida.

Representing the HDMS, the following attended the JCA Annual Dinner held on June 11, at the Schine Inn: Drs. Miner, Burkhardt, Griffin and Adham, and Mrs. Purdy. Other physicians in attendance were Drs. Emery and Pace.

AUXILIARY OFFICERS

1964-65

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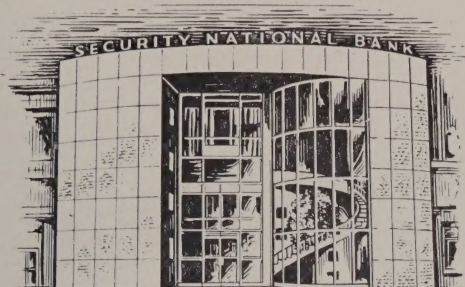
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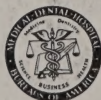
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